

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	E-H		07-29-01
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	S-A	1082	08/31/01
<b>RESPONSE FORMALITY REVIEW</b>	MTB	954	12/31/01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	1	1	3/14/02
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8	N		
9	✓✓✓✓		
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16	✓✓✓		
17	✓✓✓		
18	N		
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24	N		
25	✓✓✓✓		
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30	✓✓✓✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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